MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009227 APPLICANT(S)

FILING DATE

Ot Alla											
			AFTER		AFTER		CLAIMS				
	AS FILED		1st AMENDMENT		2nd AMENDMENT		1				
	IND.	DEP.	IND.	DER	IND.	DEP.	1				
4				ļ			1				
4		 	ļ	-	<u> </u>		1				
. 3											
4					ļ		1				
\$			<u> </u>	ļ <u>.</u>]				
6					<u> </u>		}				
		<u> </u>		ļ			1				
- \$			 	ļ	 	<u> </u>	1				
9				 	ļ						
10			 	 			ļ				
1			ļ	<u> -</u>	 _		1				
12	·			ļ							
13		-	<u> </u>	 	ļ						
-14-											
15 16				-							
17			 				ļ				
18			 	-			ļ				
19				 							
20				1			1				
21			-	-			1				
22				1		 -					
23				1		•					
24			1								
25											
26				1							
27											
28				1		•					
29				1		, :					
30				1							
. 31						T					
32							- 1				
33							i				
34											
35											
36											
37							- 1				
38				•			i				
39											
40											
41							Ì				
42											
43							. [
44											
45							[
46							[
							[
48							[
49							[
50							[
TOTAL IND.		1	2			1					
TOTAL											

	*		* .	*		*	
	IND.	DER	IND,	DER	IND.	DE	
51							
52							
53							
54							
55							
56	<u> </u>						
57 .							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69			·				
70							
71							
72							
73	ļ					·	
74							
75							
76					·		
77							
78							
79							
80					T		
81							
82					·		
83							
84			·				
85							
86							
87							
88.							
89							
90							
91							
92							
93		1					
94							
95							
96							
97		-		T			
98							
99							
100							
OTAL IND.		1					